

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049416

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 393

Primary Registration District No. 1002

Registrar's No.

6742

STATE FILE NUMBER

FILED JAN 21 1963

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Kansas City

Length of stay in lb

6 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

1407 E. 53rd. St. North

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY  
OR  
TOWN Kansas CityInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)

1407 E 53rd St North

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Anna Zetmeir

4. DATE

OF  
DEATH

Month

Day

Year

December 20, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Jan 1, 1922

## 9. AGE (last birthday)

39 40

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and state of country)

Greensburg, Penn.

12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

Matthew Crimbly

## 13b. MOTHER'S MAIDEN NAME

Virginia Barone

## 14. NAME OF HUSBAND OR WIFE

Lester W. Zetmeir

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 17. INFORMANT

Lester W. Zetmeir

## Address

K.C.N.M.O.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

CACHÈXIA

INTERVAL BETWEEN  
ONSET AND DEATH

3 Mos.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

ADENOCARCINOMA OF OVARIES - METASTASES

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1958

to 12/20/62

and last saw her alive on 12/18/62

Death occurred at 11:30 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert L. Lamar M.D.

## 22b. ADDRESS

5140 Antioch Rd.

## 22c. DATE SIGNED

12/22/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

12-24-62

## 23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

## 23d. LOCATION (City, town, or county)

Barry

## (State)

Mo

## 24. FUNERAL DIRECTOR

Harry Butler

## ADDRESS

Clay Co. Mo.

## 25. DATE REC'D. BY LOCAL REG.

1-2-63

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Robert L. Lamar MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working, under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harry Butler*

Licensed Embalmer No. 2845

P. O. Address 2100 E Russell Rd KC MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.